## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

indicated unless correcte maintenance fee notificat	d below or directed oth ions.	nerwise in Block 1, b	by (a) specifying a new	corres	pondence address;	and/or	(b) indicating a sepa	arate "FEE ADDRESS" for	
CHRRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
7590 11/08/2007  KARL REINITZ  75 SHERIDAN ROAD  ARNOLD, MD 21012					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
11/16/2007 TNGUYEN3 00000034 10721691					KARL REINITZ (Depositor's name)				
й 		OO OP			Karl Painite			(Signature)	
02 FC:1504		00 DP			11/13/2007			(Date)	
APPLICATION NO.	APPLICATION NO. FILING DATE		· FIRST NAMED INVE		TOR ATTORNEY DOCKET NO		NEY DOCKET NO.	CONFIRMATION NO.	
10/721,691	721,691 11/26/2003		Karl Reinitz					6148	
TITLE OF INVENTION:	SURGICAL SUTURIN	NG APPARATUS		·					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE	DUE	PREV. PAID ISSUE	E FEE	TOTAL FEE(S) DUE	DATE DUE	
of dinonprovisional	YES	\$720	\$300		\$0		\$1020	02/08/2008	
EXAMINER		ART UNIT	CLASS-SUBCLAS	CLASS-SUBCLASS				•	
LANG, AMY T		3731	606-144000						
GFR 1.363).  Change of corresponding of the proof of the									
3. ASSIGNEE NAME AT PLEASE NOTE: Unly recordation as set forth (A) NAME OF ASSIC	ess an assignee is ident in 37 CFR 3.11. Comp GNEE	ified below, no assig pletion of this form is	nee data will appear on NOT a substitute for filir (B) RESIDENCE: (	the pang an a	attent. If an assignment.  and STATE OR C	OUNTF	RY)	ocument has been filed for	
a. The following fec(s) a  Issue Fee Publication Fee (N Advance Order - #	A check is enclo Payment by cree The Director is h	b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).							
Change in Entity State Applicant claims NOTE: The Issue Fee and interest as shown by the r	SMALL ENTITY state	us. See 37 CFR 1.27.	epted from anyone other				ITY status. See 37 CI torney or agent; or the	FR 1.27(g)(2). ne assignee or other party in	
Authorized Signature Kary Lei'm 13			Date 11/12/07						
Typed or printed name KARL REINITZ Registration No									
This collection of informa an application. Confident submitting the completed this form and/or suggestic Box 1450, Alexandria, Vi Alexandria, Virginia 2231 Under the Paperwork Red	13-1720,							I by the USPTO to process) g gathering, preparing, and ne you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, number.	